

DISTRICT

COURT

CHITTENDEN Unit

USDC - DVT

2:21-cv-289

Docket No. To Be Assigned

VERMONT SUPERIOR  
CCURT

## APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

SEP 17 2021

Name (First & Last) Matthew J. MorganStreet Address: E.C.C.F - 702 Stowersville Rd P.O. Box 68

CHITTENDEN UNIT

City/State/Zip: Lewis, New York 12950Mailing Address: (if different from street address) P.O. Box 68 Lewis, NY 12950Telephone Number: N/ADate of Birth: 7-23-69Social Security #: ██████████

## Others Living with You (include adults &amp; children)

/ N/A /Incarcerated/ N/A /Total Number Living in Household 1

## Employment

Are you employed?  Yes  No If Yes, list Employers' Name & Address

Employer Name

Employer Address

/ N/A // N/A /

Income		Expenses
Do you receive Public Assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (including TANF/Reach UP; SSI, General Assistance)		Enter your monthly household expenses
Your Current Monthly Income <i>But I have a State Paid Attorney</i>		
Gross Income from Wages \$ <i>0</i>		Rent or Mortgage Payment \$ <i>0</i>
Unemployment Compensation \$ <i>0</i>		Electric Service \$ <i>0</i>
Child Support \$ <i>0</i>		Phone \$ <i>0</i>
Public Assistance \$ <i>0</i>		Fuel (heat and/or gas) \$ <i>0</i>
Other Income \$ <i>0</i>		Food \$ <i>0</i>
(including Disability Insurance & Social Security)		Clothing \$ <i>0</i>
Self-Employment/Business Income \$ <i>0</i>		Medical \$ <i>0</i>
(other than wages)		Child Support \$ <i>0</i>
Total Monthly Income \$ <i>0</i>		Auto Loan Payment \$ <i>0</i>
Total Income in the past 12 months \$ <i>0</i>		Property Taxes \$ <i>0</i>
Is your income in the last 30 days significantly different from your monthly income during the previous year?		Insurance (health, auto, etc.) \$ <i>0</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Expenses \$ <i>0</i>
If Yes, please explain the circumstance on the next page.		Total Expenses \$ <i>0</i>

## Cash Assets

## Other Assets

Cash on Hand \$ 0  
 Checking Account \$ 0  
 Savings Account \$ 9.83  
 Total Cash Assets \$ 9.83

Fair Market Value Outstanding \$ 0  
 Mortgage \$ 0  
 Net Value \$ 0

Real Estate (Location) \$ 0  
 Auto (Make, Model, Year) \$ 0

Opportunity Credit Union

## Additional Assets

I have additional assets:  Yes  No If Yes, describe them below

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Real Property	Description	FMV	Mortgage	Net Value
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other Assets (examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	FMV	Use additional sheets as necessary	
		N/A		

## Change in Monthly Income

If your current monthly income is significantly different from last year's income, describe the reasons for the change.

My income last year (past 12 months) was \$ 0The reason for the change is: I'm still waiting for Stimulus Checks!!!

I request the Court waive filing fees and/or pay service fees in this case because of my low income. I further state that all of my answers are true to the best of my knowledge and belief, under penalty of perjury.

Signed and sworn before me

Applicant Signature Melissa MorganDate 8/10/21

Notary Public

Signature Amie L. Bigelow  
Printed Name Amie L. BigelowDate 8/10/21  
License # 01BI6316810 Commission Expiration Date 12/22/22

AMIE L BIGELOW  
 Notary Public, State of New York  
 No. 01BI6316810  
 Qualified in Essex County  
 My Commission Expires 12/22/2022

**Determination of Financial Eligibility**

The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

**YOU MUST PAY \$\_\_\_\_\_ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.**

The Application is **GRANTED**

Applicant receives public assistance OR

The gross income of the applicant is at or below 150% of the poverty income guidelines. OR

Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

**THE FILING FEES AND COSTS OF SERVICE IS WAIVED.**

The Application is **GRANTED** in part and **DENIED** in part

Applicant is a financially needy person; however, based on the financial statement, Applicant is able to pay the costs of service without expending household income or liquid resources necessary for the maintenance of the applicant and all dependents.

**THE FILING FEES ARE WAIVED. THE COSTS OF SERVICE ARE NOT WAIVED.**

You must pay \$\_\_\_\_\_ in Service fees to  the Clerk  sheriff.

You must pay \$\_\_\_\_\_ to the Court Clerk within 30 days or the case will be dismissed.

Date

9/23/21

Signature of Clerk or Designee

*Tracy J. Bear*

**Notice of Right to Appeal:** You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court with 7 days of the date of this Order.